

Overview

Psychological health is as important to health as our physical biology. Psychological health contributes to our quality of life and our ability to enjoy ourselves, those around us, and our environment. Chapter 2 discusses the essential parts for overall psychological health: the mental, emotional, social, and spiritual qualities of health that make up the very heart of how we perceive all that we experience. This chapter also covers important issues such as depression and suicide, helping the student to understand important warning signs, when to get help, and what questions to ask when seeking help.

Learning Objectives

1. Define each of the four components of psychological health, and identify the basic traits shared by psychologically healthy people.
2. Learn what factors affect your psychological health; discuss the positive steps you can take to enhance psychological well-being.
3. Identify psychological disorders, such as mood disorders, anxiety disorders, personality disorders, and schizophrenia, and explain their causes and treatments.
4. Discuss warning signs of suicide and actions that can be taken to help a suicidal individual.
5. Explain the different types of treatments and mental health professionals, and examine how they can play a role in managing mental health disorders.

Lecture Outline

I. What Is Psychological Health?

- A. Psychological health is the sum of how we think, feel, relate, and exist in our day-to-day lives.
 1. Psychosocially healthy people are emotionally, mentally, socially, and spiritually resilient. See Figure 2.1.
 2. There are several basic elements shared by psychosocially healthy people:
 - a. They feel good about themselves.
 - b. They feel comfortable with other people, respect others, and have compassion.
 - c. They control tension and anxiety.

- d. They meet the demands of life.
 - e. They curb hate and guilt.
 - f. They maintain a positive outlook.
 - g. They value diversity.
 - h. They appreciate and respect nature.
3. In the 1960s, human theorist Abraham Maslow's developed a *hierarchy of needs* to describe the theory that certain basic needs must be met in order to achieve the characteristics of psychologically and socially healthy people (Figure 2.2).
- a. *Survival needs* include food, water, and sleep.
 - b. *Security needs* include shelter, safety, and protection.
 - c. *Social needs*, if met, provide a sense of belonging, affection, and acceptance.
 - d. *Esteem needs* include self-respect, respect for others, and accomplishment.
 - e. *Self-actualization* includes creativity, spirituality, or fulfillment of potential.

B. Mental Health

1. The term *mental health* describes the “thinking” or “rational” dimension of our health.
2. A mentally healthy person perceives life in realistic ways, can adapt to change, can develop rational strategies to solve problems, and can carry out personal and professional responsibilities.
3. A mentally healthy individual can intellectually sort through information, messages, and life events; attach meaning; and respond appropriately and make decisions, often referred to as *intellectual health*.

C. Emotional Health

1. The term *emotional health* refers to the feeling, or subjective, side of psychosocial health.
2. Emotions are intensified feelings or complex patterns of feelings that we experience on a regular basis.
3. Emotions are described as the interplay of four components:
 - a. Physiological arousal, feelings, cognitive (thought) processes, and behavior reactions.
4. Emotionally healthy people are able to respond in a stable and appropriate manner to upsetting events.
5. Emotional health affects social and intellectual health.
6. Emotional intelligence is the ability to identify, use, understand, and manage one's emotions in a positive and constructive way.

D. Social Health

1. Social health refers to our interactions with others on an individual and group basis, and our ability to adapt to use social resources and support in times of need and to adapt to a variety of social situations.
2. Socially healthy people have a wide range of social interactions with family, friends, acquaintances, and intimate partners.
 - a. Socially healthy individuals are able to:
 - i. Listen
 - ii. Express themselves

- iii. Form healthy relationships
 - iv. Act in socially acceptable and responsible ways
 - v. Find the best fit for themselves in society
3. Social bonds reflect the level of closeness and attachment that we develop with individuals and are the very foundation of human life.
 4. Social bonding provides intimacy, feelings of belonging, opportunities for giving and receiving nurturance, reassurance of one's worth, assistance and guidance, and advice.
 5. Social support refers to networks of people and services with whom and which we interact and share social connections.
 - a. Such services can be *tangible support* or *intangible support*.
 - b. Common descriptions of strong social support include the following:
 - i. Being cared for and loved, with the opportunity for shared intimacy
 - ii. Being esteemed and valued; having a sense of self-worth
 - iii. Sharing companionship, communication, and mutual obligations with others; having a sense of belonging
 - iv. Having “informational” support—access to information, advice, community services, and guidance from others
- E. *Spirituality* is broader in meaning than religion and is defined as an individual's sense of purpose and meaning in life.
1. Spiritual health refers to the sense of belonging to something greater than the purely physical or personal dimensions of existence.

Key Terms: psychological health, mental health, emotional health, emotions, emotional intelligence, social health, social bonds, social support, spiritual health

Figures:

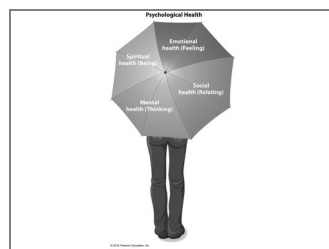


Figure 2.1
Psychological Health



Figure 2.2
Maslow's Hierarchy of Needs

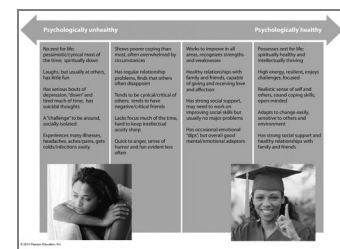


Figure 2.3
Characteristics of Psychologically Healthy and Unhealthy People

Additional Instructor Resources: PPT slides: 1–12

Digital Transparency Masters: Figures 2.1–2.3

II. Factors That Influence Psychological Health

A. The Family

1. Healthy, nurturing families help develop the cognitive and social skills necessary for a person to solve problems, communicate emotions in socially acceptable ways, manage stressors, and develop both a sense of self-worth and purpose in life.

2. Children brought up in dysfunctional families—in which there is violence; distrust; anger; dietary deprivation; drug abuse; parental discord; or sexual, physical, or emotional abuse—may have a harder time adapting to life.

B. Social Supports

1. Our initial social support may come from family members, but as we grow and develop, the support of peers and friends become increasingly important.
2. Studies show that the availability of social support predicts overall well-being.

C. Community

1. The communities we live in can have a positive impact on our psychological health through collective actions.
2. Communities can support and care for your psychological health by creating a safe environment to explore and develop your mental, emotional, social, and spiritual dimensions.

D. Self-Efficacy and Self-Esteem

1. *Self-efficacy* describes a person's belief about whether he or she can successfully engage in and execute a specific behavior.
2. *Self-esteem* refers to one's sense of self-respect or self-worth.
 - a. See the Skills for Behavior Change box on page 33 for suggestions about small things you can do every day that can make a difference in how you feel about yourself.
 - b. The Health Headlines box on page 34 discusses the downside of having too much self-esteem.
3. Psychologist Martin Seligman has proposed that people who continually experience failure may develop a pattern of responding known as learned helplessness.
 - a. Learned helplessness is a response to continued failure, where people give up and fail to take action to help themselves. Seligman ascribes this response in part to society's tendency toward *victimology*—blaming one's problems on other people and circumstances.
 - b. Today many people have developed self-help programs that use elements of Seligman's principle of learned optimism—teaching oneself to think positively.

E. Personality

1. Personality is the unique mix of characteristics that distinguish you from others. Personality determines how we react to the challenges of life, interpret our feelings, and resolve conflicts.
2. In general, the following personality traits are often related to psychological well-being: extroversion, agreeableness, openness to experience, emotional stability, conscientiousness, and resiliency.

F. Life Span and Maturity

1. Although our temperaments are largely determined by genetics, as we age, we learn to control the volatile emotions of youth and channel our feelings in more acceptable ways.

Key Terms: dysfunctional families, self-efficacy, self-esteem, learned helplessness, learned optimism

 **Lecture Launcher Videos:** The Study of Happy Brains

Additional Instructor Resources: PPT slide: 13–14

III. The Mind–Body Connection

- A. Researchers propose a connection between emotions and health, especially in conditions of uncontrolled, persistent stress.
- B. Psychoneuroimmunology (PNI) is the study of interactions of behavioral, neural, and endocrine functions of the body’s immune system.
- C. *Happiness* is a collective term for several positive states in which individuals actively embrace the world around them.
 - 1. Happiness appears to reduce the risk or limit the severity of cardiovascular disease, pulmonary disease, diabetes, hypertension, colds, and other infections.
 - 2. Laughter can promote increases in heart and respiration rates and can reduce levels of stress hormones in much the same way that exercise can.
- D. Subjective well-being refers to the uplifting feeling of inner peace, wonder, and happiness that gives us bursts of energy and satisfaction. It has three components: satisfaction with present life, relative presence of positive emotions, and relative absence of negative emotions.
 - 1. People with subjective well-being are resilient and are able to look at the positive side of negative events.
- E. Scientists suggest that some people may be biologically predisposed to happiness. Others suggest that we can develop happiness by practicing positive psychological actions.
 - 1. See the Skills for Behavior Change box on page 36 for things you can do to incorporate positive psychology principles into your own life.

Key Terms: psychoneuroimmunology (PNI), subjective well-being

Additional Instructor Resources: PPT Slides: 15–16

IV. Strategies to Enhance Psychological Health

- A. Attaining self-fulfillment is a lifelong, conscious process that involves enhancing each of these components.
 - 1. One of the best ways to promote self-esteem is to develop a support system.
 - 2. A good way to boost your sense of self-efficacy is to learn new skills and develop a history of success.
 - 3. To form realistic expectations, set small, incremental goals that you can actually meet.
 - 4. Taking time to enjoy yourself is another way to boost your self-esteem and psychological health.
 - 5. Regular exercise fosters well-being.
 - 6. Examining problems and seeking help when necessary are important factors in boosting self-esteem.
 - 7. Getting enough sleep on a daily basis is a key factor in physical and psychological health.
 - a. See Focus On: Improving Your Sleep, beginning on page 58, for more information on the importance of sleep.

Additional Instructor Resources: PPT slide: 17

V. When Psychological Health Deteriorates

- A. Mental illnesses are disorders that disrupt thinking, feeling, moods, and behaviors and can cause varying degrees of impaired functioning in daily living.
- B. Mental illnesses are believed to be caused by a variety of biochemical, genetic, and environmental factors.
- C. Mental disorders are the leading cause of disability in the United States and Canada for people aged 15 to 44.
- D. Mental Health Threats to College Students
 1. The most recent National College Health Assessment survey found that nearly 1 in 3 undergraduates reported “feeling so depressed it was difficult to function” at least once in the last year, and just over 6 percent of students reported “seriously considering attempting suicide” in the past year.
 2. The most common disorders among college students include mood disorders, anxiety disorders, personality disorders, and schizophrenia.
 - a. See the Health Headlines box on page 39 for information on another mental health concern among young adults: attention-deficit/hyperactivity disorder.
 - b. Figure 2.4 shows the mental health concerns of American college students.

Key Terms: mental illnesses

Figure:



Figure 2.4
Mental Health Concerns of
American College Students,
Past 12 Months

Additional Instructor Resources: PPT slides: 18–19

Digital Transparency Masters: Figure 2.4

VI. Mood Disorders

- A. Chronic mood disorders affect how you feel, such as persistent sadness or feelings of euphoria.
- B. Approximately 10 percent of Americans aged 18 or older suffer from a mood disorder.
- C. Major Depression
 1. Major depression is the most common mood disorder, affecting approximately 14.8 million American adults, or about 7 percent of the U.S. population.
 2. Symptoms of depression include the following:
 - a. Sadness and despair
 - b. Lack of interest in pleasurable activities

- c. Preoccupation with failures; overconcern with what others think
 - d. Difficulty concentrating; indecisiveness; memory lapses
 - e. Loss of sex drive or interest in close interactions with others
 - f. Fatigue and loss of energy; slow reactions
 - g. Sleep problems; too much or too little sleep
 - h. Feelings of agitation, hopelessness, or worthlessness
 - i. Withdrawal from friends and family
 - j. Diminished or increased appetite
 - k. Significant weight loss or gain
 - l. Recurring thoughts that life is not worth living; thoughts of death or suicide
3. See the Health in a Diverse World box on page 41 for a discussion about differences in depression prevalence across different ages, genders, and ethnicities.
 4. Depression in College Students
 - a. Mental health problems, particularly depression, have gained increased recognition as major obstacles to healthy adjustment.
 - b. Studies suggest that nearly 10 percent of college students report having been diagnosed with depression.
 - c. See the Student Health Today box on page 42 for strategies colleges are adopting to address mental health concerns for students.

D. Dysthymic Disorder

1. Dysthymic disorder (dysthymia) is a less severe syndrome of chronic, mild depression and is harder to recognize than major depression.
2. Dysthymic disorder affects about 1.5 percent of the U.S. population aged 18 and older, or about 3.3 million American adults.

E. Bipolar Disorder

1. Bipolar disorder, also called *manic depression*, is manifested by severe mood swings.
2. Causes of bipolar disorder are unknown, but it can be treated through counseling and pharmaceutical options.
3. Bipolar disorder affects about 5.7 million adults in the United States, or approximately 2.6 percent of the population.

F. Seasonal Affective Disorder

1. Seasonal affective disorder (SAD) is a type of depression that strikes during the winter months and is associated with reduced exposure to sunlight.
2. People with SAD suffer from irritability, apathy, carbohydrate craving and weight gain, increased sleep time, and general sadness.
3. SAD is treated with light therapy, stress management, sleep restriction, psychotherapy, and prescription medication.

G. Causes of Mood Disorders

1. Depressive disorders are caused by interactions between biological differences, hormones, inherited traits, life events, and early childhood trauma.
2. The biology of mood disorders is related to individual levels of brain chemicals called *neurotransmitters*.

Key Terms: chronic mood disorder, major depression, dysthymic disorder (dysthymia), bipolar disorder, seasonal affective disorder (SAD)

Additional Instructor Resources: PPT slides: 20–24

VII. Anxiety Disorders

- A. Anxiety disorders include generalized anxiety disorder, panic disorders, phobic disorders, obsessive-compulsive disorder, and post-traumatic stress disorder.
 - 1. Anxiety disorders are the number one mental health problem in the United States and are a leading mental health problem for adolescents affecting 25.1 percent of Americans aged 13 to 18.
 - 2. In the past year, 11 percent of U.S. undergraduates were diagnosed with or treated for anxiety.
- B. Generalized Anxiety Disorder
 - 1. Generalized anxiety disorder (GAD) is a common form of anxiety disorder and can interfere with daily life.
 - 2. Diagnosis of GAD includes exhibiting at least three of the following symptoms for more days than not during a six-month period:
 - a. Being restless or feeling keyed up or on edge
 - b. being easily fatigued
 - c. having difficulty concentrating or mind going blank
 - d. being irritable
 - e. having muscle tension
 - f. having sleep disturbances
- C. Panic Disorders
 - 1. Panic disorders are characterized by the occurrence of panic attacks, a form of acute anxiety reaction that brings on an intense physical reaction.
 - 2. Approximately 4.7 million Americans aged 18 and older experience panic attacks each year.
 - 3. Although highly treatable, panic attacks may become debilitating and destructive.
- D. Phobic Disorders
 - 1. Phobic disorders, or phobias, involve a persistent or irrational fear of a specific object, activity, or situation, often out of proportion to the circumstances.
 - 2. Social phobia is an anxiety disorder characterized by the persistent fear and avoidance of social situations, and about 9 percent of American adults suffer from it.
- E. Obsessive-Compulsive Disorder
 - 1. Obsessive-compulsive disorder (OCD) is an illness where people have obsessive thoughts or perform habitual behaviors that they cannot control.
 - 2. OCD affects about 2 million people aged 18 and older in the United States.
 - 3. Although the exact cause is unknown, genetics, biological abnormalities, learned behaviors, and environmental factors have all been considered with OCD.
- F. Post-Traumatic Stress Disorder
 - 1. People who have served in combat or have experienced or witnessed a natural disaster, serious accident, violent assault, terrorist incident, or another traumatic life event may develop post-traumatic stress disorder (PTSD)

2. Symptoms of PTSD include:
 - a. Dissociation, or perceived detachment of the mind from the emotional state or even the body
 - b. Intrusive recollections of the traumatic event
 - c. Acute anxiety or nervousness
 - d. Insomnia and difficulty concentrating
 - e. Intense psychological reactions

G. Causes of Anxiety and Phobic Disorders

1. Though anxiety disorders vary in complexity and degree, one's biology, environment, and social and cultural roles are all factors that are often cited as possible causes.

Key Terms: anxiety disorders, generalized anxiety disorder (GAD), panic attack, phobia, social phobia, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD)

abcNEWS Lecture Launcher Videos: Keeping Obsessive Compulsive Disorder in Check, The Hoarders

Additional Instructor Resources: PPT slides: 25–30, 32

VIII. Personality Disorders

- A. According to the *DSM-IV-TR*, personality disorders are “enduring patterns of inner experience and behavior that deviates markedly from the expectation of the individual’s culture and is pervasive and inflexible.”
 1. 10 percent of adults in the United States have some form of personality disorder.
- B. Common types of personality disorders include:
 1. *Paranoid personality disorders*, which involve pervasive, unfounded suspicion and mistrust of people, irrational jealousy, and secretiveness.
 2. *Narcissistic personality disorders*, which involve an exaggerated sense of self-importance and self-absorption.
 3. *Borderline personality disorder (BPD)*, characterized by impulsiveness and risky behaviors.
 - a. Seventy to 80 percent of those diagnosed with BPD engage in self-injury, in which they deliberately cause harm to their own body as a way to cope with their emotions. For information on self-injury and prevention, please see the *Student Health Today* box on page 46.

Key Terms: Personality disorders, self-injury

Additional Instructor Resources: PPT slide: 31

IX. Schizophrenia

- A. Schizophrenia is characterized by the alteration of senses; the inability to sort out incoming stimuli and to make appropriate responses; an altered sense of self; and radical changes in emotions, movements, and behaviors.
- B. Magnetic resonance imaging (MRI) and PET scans have led scientists to determine that schizophrenia is a biological disease of the brain.
 1. Damage occurs early in life, possibly through fetal exposure to toxic substances, infections, or medications.
 2. Hereditary links are being explored.

- C. About 1 percent of the U.S. population suffers from schizophrenia. It is treatable through a combination of hospitalization, medication, and supportive therapy, but it is not curable.

Key Terms: schizophrenia

Additional Instructor Resources: PPT slides: 33–34

X. Suicide: Giving Up on Life

- A. More lives are lost to suicide than to any other cause except cancer and cardiovascular disease. Each year there are more than 34,000 reported suicides in the United States, and college students are more likely than the average population to attempt suicide.
- B. Risk factors include a family history of suicide, previous suicide attempts, excessive drug and alcohol use, prolonged depression, financial difficulties, serious illness of oneself or a loved one, and loss of a loved one through death or rejection.
- C. Warning Signs of Suicide
1. Recent loss and inability to let go of grief
 2. History of depression
 3. Change in personality
 4. Change in behavior
 5. Sexual dysfunction or diminished sexual interest
 6. Expressions of self-hatred or excessive risk-taking
 7. Change in sleep patterns and/or eating habits
 8. A direct statement about committing suicide
 9. An indirect statement about committing suicide
 10. Final preparations
 11. Preoccupation with themes of death
 12. Marked changes in personal appearance
- D. Preventing Suicide
1. Take action if someone you know threatens suicide. Specific actions you can take include monitoring the warning signals; taking threats seriously; letting the person know how much you care; listening; asking directly if s/he is thinking of hurting or killing themselves; not belittling the person's feelings; helping the person think about alternatives to suicide; and telling that person's spouse, partner, parents, siblings, or counselor.

Additional Instructor Resources: PPT slides: 35–37

XI. Seeking Professional Help

- A. Researchers view breakdowns in support systems, high societal expectations, and dysfunctional families as three major reasons that more people are asking for assistance than ever before.
1. See the Money and Health box on page 48 for tips on how to get good mental healthcare on a tight budget.
 2. Be cautious when selecting self-help books; see the Points of View box on page 49 for suggestions.

B. Mental Illness Stigma

1. Stigmas are negative stereotypes about groups of people—often the stigma associated with mental illness can be more disabling than the illness itself

C. Getting Evaluated for Treatment

1. Getting evaluated for treatment should begin with a complete evaluation with a credentialed health professional. The examination should include a *physical checkup*, *psychiatric history*, and a *mental status examination*.

D. Mental Health Professionals

1. When choosing a therapist, it is important that he or she has the appropriate training.
 - a. See Table 2.1 for information on the most common types of practitioners.
2. Questions to ask the therapist and yourself include the following:
 - a. Can I interview the therapist before starting treatment?
 - b. Do I like the therapist as a person?
 - c. Is the therapist watching the clock or easily distracted?
 - d. Does the therapist demonstrate professionalism?
 - e. Will the therapist help me set my own goals and timetables?

E. What to Expect in Therapy

1. Before making an appointment, call to briefly explain your needs and ask questions about procedures, fees, and insurance participation.
 - a. Do not expect a therapist to tell you what to do or how to behave.
2. Treatment Models
 - a. Many different types of counseling exist, including psychodynamic therapy, interpersonal therapy, and cognitive behavioral therapy.
 - b. Psychodynamic therapy focuses on the psychological roots of emotional suffering.
 - c. Interpersonal therapy focuses on the social roles and relationships.
 - d. Treatment for mental disorders can include various cognitive-behavioral therapies. *Cognitive therapy* focuses on the impact of thoughts and ideas on our feelings and behavior, and *behavior therapy* focuses on what we do, aiming to alter behavior patterns.
3. Pharmacological Treatment
 - a. Treatment for some conditions combines cognitive behavioral therapies with medication prescribed by the patient's physician or psychiatrist.
 - b. Table 2.2 includes information about the major classes of medications used to treat the most common mental illnesses.

Key Terms: stigma

Tables:

What Are They Called?	What Kind of Training Do They Have?	What Kind of Therapy Do They Use?	Professional Association
Psychiatrist	Must have an MD degree, followed by an additional three-year residency in psychiatric medicine at a hospital.	As a licensed MD, a psychiatrist can prescribe medication as well as provide therapy.	American Psychiatric Association
Psychologist	Obtained PhD degree in counseling or clinical psychology, followed by a year of supervised practice to earn licensure.	Psychologists can conduct individual, group, and family therapy. They can conduct psychological testing, such as IQ testing, personality testing, or social functioning.	American Psychological Association (APA)
Counselor/therapist	Master's degree in counseling or social work with MFT, MHC, or similar certification in their field.	Most counseling therapists conduct individual, couple, and family therapy or group counseling.	National Association of Public Child Welfare Workers (NAACWW)
Case manager	Master's degree in counseling, social work, or psychology, or a bachelor's degree in social work with a master's certificate in case management.	Case managers are trained to provide individual and group therapy. They often provide case management services, such as case planning, crisis intervention, and case monitoring.	American Case Management Association (ACMA)
Psychiatrist	Psychiatrists require a combination of medical and psychiatric training. They must complete a residency in psychiatry and receive board certification in their specialty.	Psychiatrists are trained in the treatment of mental illness. They can prescribe medication and provide therapy. They often provide case management services, such as case planning, crisis intervention, and case monitoring.	American Psychiatric Association (APA)
Licensed therapist	Master's degree in counseling, social work, or psychology, or a bachelor's degree in social work with a master's certificate in case management.	LATPs have a solid foundation in the field of mental health. They are trained to provide individual and group therapy. They often provide case management services, such as case planning, crisis intervention, and case monitoring.	American Association of Marriage and Family Therapists (AAMFT)

Table 2.1
Mental Health Professionals

Class of Medication	Used to treat depression, panic disorders, anxiety disorders	Used to treat anxiety disorders, including OCD, GAD, panic disorders, phobias, PTSD
Antidepressants	Used to treat depression, panic disorders, anxiety disorders	Used to treat anxiety disorders, including OCD, GAD, panic disorders, phobias, PTSD
Tricyclic antidepressants (TCAs)	Examples: amitriptyline (Elavil), doxepin (Sinequan)	Examples: amitriptyline (Elavil), doxepin (Sinequan)
SSRIs (selective serotonin reuptake inhibitors)	Examples: fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), duloxetine (Cymbalta), and venlafaxine (Effexor XR)	Examples: fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), duloxetine (Cymbalta), and venlafaxine (Effexor XR)
SNRIs (serotonin-norepinephrine reuptake inhibitors)	Examples: venlafaxine (Effexor), desvenlafaxine (Desvenlafaxine)	Examples: venlafaxine (Effexor), desvenlafaxine (Desvenlafaxine)
MAOIs (monoamine oxidase inhibitors)	Examples: phenelzine (Nardil), tranylcypromine (Parnate), and selegiline (Eldepryl)	Examples: phenelzine (Nardil), tranylcypromine (Parnate), and selegiline (Eldepryl)
Atypical antidepressants	Examples: mirtazapine (Remeron), bupropion (Wellbutrin XL)	Examples: mirtazapine (Remeron), bupropion (Wellbutrin XL)
Atypical antipsychotics	Used to treat anxiety disorders, including OCD, GAD, panic disorders, phobias, PTSD	Used to treat anxiety disorders, including OCD, GAD, panic disorders, phobias, PTSD
Atypical antipsychotics	Examples: risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel XR), and aripiprazole (Abilify)	Examples: risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel XR), and aripiprazole (Abilify)
Typical antipsychotics	Examples: haloperidol (Haldol), fluphenazine (Prolixin), and thioridazine (Miltivan)	Examples: haloperidol (Haldol), fluphenazine (Prolixin), and thioridazine (Miltivan)
Mood stabilizers	Used to treat bipolar disorder, schizophrenia	Used to treat bipolar disorder, schizophrenia
Mood stabilizers	Examples: lithium carbonate	Examples: lithium carbonate
Anticonvulsants	Examples: valproic acid (Depakote), carbamazepine (Carbamazepine), and lamotrigine (Lamictal)	Examples: valproic acid (Depakote), carbamazepine (Carbamazepine), and lamotrigine (Lamictal)
Antipsychotics (neuroleptics)	Used to treat schizophrenia, mania, bipolar disorder	Used to treat schizophrenia, mania, bipolar disorder
Atypical antipsychotics	Examples: risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel XR), and aripiprazole (Abilify)	Examples: risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel XR), and aripiprazole (Abilify)
First-generation antipsychotics	Examples: haloperidol (Haldol), chlorpromazine (Thorazine)	Examples: haloperidol (Haldol), chlorpromazine (Thorazine)
Stimulants	Used to treat ADHD, narcolepsy	Used to treat ADHD, narcolepsy
Methylphenidate	Examples: Ritalin, Methylphenidate	Examples: Ritalin, Methylphenidate
Amphetamines	Examples: amphetamine (Adderall), dextroamphetamine (Dexedrine), and lisdexamfetamine (Vyvanse)	Examples: amphetamine (Adderall), dextroamphetamine (Dexedrine), and lisdexamfetamine (Vyvanse)

Table 2.2
Types of Medications Used to Treat Mental Illness

Class of Medication	Used to treat bipolar disorder, schizophrenia	Used to treat bipolar disorder, schizophrenia
Mood stabilizers	Used to treat bipolar disorder, schizophrenia	Used to treat bipolar disorder, schizophrenia
Mood stabilizers	Examples: lithium carbonate	Examples: lithium carbonate
Anticonvulsants	Examples: valproic acid (Depakote), carbamazepine (Carbamazepine), and lamotrigine (Lamictal)	Examples: valproic acid (Depakote), carbamazepine (Carbamazepine), and lamotrigine (Lamictal)
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Atypical antipsychotics	Examples: risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel XR), and aripiprazole (Abilify)	Examples: risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel XR), and aripiprazole (Abilify)
First-generation antipsychotics	Examples: haloperidol (Haldol), chlorpromazine (Thorazine)	Examples: haloperidol (Haldol), chlorpromazine (Thorazine)
Stimulants	Used to treat ADHD, narcolepsy	Used to treat ADHD, narcolepsy
Methylphenidate	Examples: Ritalin, Methylphenidate	Examples: Ritalin, Methylphenidate
Amphetamines	Examples: amphetamine (Adderall), dextroamphetamine (Dexedrine), and lisdexamfetamine (Vyvanse)	Examples: amphetamine (Adderall), dextroamphetamine (Dexedrine), and lisdexamfetamine (Vyvanse)

Table 2.2 (Continued)

Additional Instructor Resources: PPT slides: 39–46
Digital Transparency Masters: Tables 2.1 and 2.2

Additional Chapter Activities

Points of View

Self-Help Books: Beneficial or Baloney?

Self-help books can be a useful and affordable strategy for receiving guidance about changing health behaviors. However, how does one determine if a self-help book is really useful or a scam?

In-Class Activity: Divide the class into groups. Assign the groups as either “for self help” or “against self help.” Ask each group to discuss their side of the argument and to develop three to five reasons that support their argument, along with two specific examples for how their argument influences REAL people. These points and examples can be written on the board, on a large piece of paper that is taped to a classroom wall, or some other strategy for display. Finally, have each group explain their argument to the class.

Synthesis: After the groups have completed their presentations, ask students to take 3 to 5 minutes to write about where they stand on the issue as individuals.

Discussion Questions

1. What is psychosocial health? What indicates that you either are or are not psychosocially healthy? Why do you think the college environment may provide a real challenge to your psychosocial health?
2. Describe why women have a higher rate of depression than men. How could cultural changes influence the rates of depression for men and women?
3. Think of someone that you know who has high self-esteem. Describe their characteristics and behaviors. Now think of someone with low self-esteem. Describe their characteristics and behaviors. Explain how they differ.

4. What are the most common symptoms for a person who is clinically depressed, or temporarily sad, lonely, unhappy, or moody? How do you know the difference between clinical depression and temporary sadness?
5. How have psychosocial disorders been portrayed in movies? Provide three specific examples. How do you think the media has influenced some of the stigma surrounding these disorders?
6. What are some of the warning signs of suicide? What actions could you take if a someone you know shows warning signals of suicide?

Critical Thinking Questions

1. Based on the examples given in the book showing an association between emotions and the immune system, substantiate whether or not you believe in this concept. Describe two situations when you think your emotions affected your health. What were the outcomes?
2. Provide an example from your personal experience as to how a person's psychosocial health benefits from good mental, emotional, social, and spiritual health.
3. From your personal experience, describe a situation in your life when you might have experienced learned helplessness. What situation caused you to feel this way? What did you do to overcome this situation?
4. Look at Maslow's Hierarchy of Needs in Figure 2.2. Explain how each lower level in the pyramid affects the next highest level.
5. What would be the first steps you would take if you suspected that a loved one was suffering from a psychosocial disorder?

Student Activities

Individual

1. Make a list of five short-term goals to complete by the end of this term. Next to each goal write the percentage (from 1–100%) of self-efficacy you feel toward that goal. If there are any goals with percentages under 80 percent, rework the goal until you have a high level of self-efficacy toward achievement of the goal.
2. Go online to the Live It! section of www.pearsonhighered.com/donatelle to take the “How Psychologically Healthy Are You?” assessment.

Community

1. What resources are available on campus for psychological health? Visit the counseling center or student health center on campus and write a short summary of psychological services available and usage rates. Find out what programs are available for students without insurance or financial ability to pay for services.
2. How is your university and wider community addressing mental health stigmas? Explore options to help reduce stigma in your community. Find out if your campus has a peer health advocate or peer health program and suggest an anti-stigma campaign.

Diverse Population/Nontraditional

1. How do people in other countries regard and care for people with mental illness? Research the rates of psychological disorders such as depression, bipolar disorder, and schizophrenia in two other countries and compare them to rates in the United States. What are the differences? What do you think explains similarities and differences?
2. How do people regard mentally ill women in other cultures? Conduct Internet research to determine if women in other countries disproportionately suffer from depression. Suggest an explanation for your findings.

Lecture Launcher Video Questions

The Study of Happy Brains

1. Do you agree that life experiences account for only 10 percent of one's total happiness? Why or why not?
2. What do you do to make yourself happy?
3. In what ways can you work to increase your happiness level every day?

Keeping Obsessive-Compulsive Disorder in Check

1. If Fay says that deep down she knows a doorknob does not pose a risk, then why do you think she still fights the urge to use hand sanitizer every time she opens a door?
2. What is "exposure" therapy, and how does it work? Dr. Jonathan Grayson took Fay and a group of people on a virtual camping trip in the video. In what ways do you think this experience helped the participants with their OCD tendencies?
3. What are the benefits of someone with OCD attending workshops and lectures at a convention like the one the OCD Foundation holds annually?

The Hoarders

1. What are some of the different reasons a person might adopt a hoarding compulsion?
2. Some hoarders do not believe that they have a problem or that hoarding is a debilitating problem. What does this say about the psychological mindset of a hoarder? Why is it more difficult than simply "cleaning up the mess" for a hoarder?
3. What are the consequences of being a hoarder? How does being a hoarder affect oneself and those around them negatively?

Additional References

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Cook, L. J. "Striving to Help College Students with Mental Health Issues," *Journal of Psychosocial Nursing and Mental Health Services* 45 (2007): 40–44.

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Zivin, K., Eisenberg, D., Gollust, S. E., and Golberstein, E. “Persistence of Mental Health Problems and Needs in a College Student Population,” *Journal of Affective Disorders* 117 (2009): 180–185.

For Further Information

American Association for Suicidology Prevention

www.suicidology.org

American Psychiatric Association

www.psych.org

Depression and Related Affective Disorders Association

<http://www.drada.org/>

National Empowerment Center

www.power2u.org

National Mental Health Association

www.nmha.org

Schizophrenia Awareness Association

<http://www.schizophrenia.org.in/>

SAVE: Suicide Awareness Voices of Education

www.save.org

Additional Media

Depression in College Students University of Wyoming, 3 minutes

A video production of the University of Wyoming. The video discusses what depression is, the prevalence of depression amongst college students, and why college students may experience depression.

<http://www.youtube.com/watch?v=p0cVi3k2NAk>

Lidia Bernik on PBS Healthy Minds, 4 minutes

A video of the National Suicide Prevention Lifeline. Lidia Bernik shares the story of her sister, who committed suicide while Lidia was in college.

<http://www.youtube.com/watch?v=rKZCeYo9gyM&feature=channel>

National Survivors of Suicide Day, 8 minutes

A video of the American Foundation for Suicide Prevention. Eight people share how their lives has been affected by suicide.

<http://www.youtube.com/watch?v=MD7Odg3RnAg&feature=related>

Understanding Schizophrenia, 4 minutes

A video of the Health Science Channel. Health care providers and persons living with schizophrenia discuss the illness.

<http://www.youtube.com/watch?v=ZLhmd2UYEdc>

WHO: Mental Health, 5 minutes

A video produced by the World Health Organization that discusses the prevalence of mental health, with an emphasis on an international perspective.

<http://www.youtube.com/watch?v=L8iRjEOH41c>